

Primary Reviewer: _____ Date _____

Inspector: _____ Date _____

Director's Approval: _____ Date _____

NHDAMF ORGANIC SYSTEM PLAN (OSP) - LIVESTOCK PRODUCTION

- ❖ *Complete this application if you are requesting organic livestock certification for any livestock products. (NOTE: Organic poultry requires a separate application.)*
- ❖ **Complete Organic System Plans are required prior to inspection.**

Name**: _____ Farm Name: _____

Address: _____ City/State/Zipcode: _____

Phone: _____ Email: _____

Website: _____

**Is this person AUTHORIZED to act on behalf of the farm/business? ____ Yes ____ No

If NO, please list name, address & telephone of person who is authorized: _____

Inspection fees: *** (Animal Units= A.U.) Total # animals: _____ X (A.U. Factor) _____ = A.U. _____ Amt of Inspection Fee: _____	Certification Fee: \$100.00 Inspection Fee: + _____ TOTAL FEES: _____	For NHDAMF Office Only Date received: _____ Total Fees submitted: _____ Correct Amount? Yes ____ No ____
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***See attached NHDAMF FEE SCHEDULE to calculate ANIMAL UNITS (A.U.) to determine INSPECTION FEE.
<Animal Units for dairy livestock shall be determined by using the 1.4 factor per head regardless of age or size of animal.>

RECORDKEEPING NOP Rule Section 205.103

The following records must be maintained and will be reviewed at inspection. Check records currently maintained:

- | | |
|---|--|
| <input type="checkbox"/> Purchase receipts for all livestock | <input type="checkbox"/> Sales records for all livestock products sold |
| <input type="checkbox"/> Live weight records of meat animals prior to slaughter | <input type="checkbox"/> Medications administered-date, dosage, source |
| <input type="checkbox"/> Feed products and supplements | <input type="checkbox"/> DMI feeding worksheet |
| <input type="checkbox"/> Disposition of animals (cull, mortality, slaughter, sold live) | <input type="checkbox"/> Field & Pasture Maps |
| <input type="checkbox"/> Farm Records: sale invoices, product labels, packaging samples | |

AFFIRMATION- Please read the following and sign below:

- ❖ *I affirm that all statements made in this application are true and correct*
- ❖ *No prohibited products have been applied or administered to any of my organically managed livestock herds, or other similar livestock groupings, unless as stated in NOP Rule 205.238 and 205.603*
- ❖ *I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule*
- ❖ *I understand that acceptance of this application in no way implies granting of certification by the NHDAMF*
- ❖ *I have a copy of the NHDAMF Organic Rules and USDA National Organic Program (NOP) Regulations which I have read and understand*
- ❖ *I agree to follow the NHDAMF and NOP Rules*

Applicant's signature: _____ Date: _____

Address & travel directions to livestock operation: _____

DIRECTIONS FOR COMPLETION OF YOUR ORGANIC SYSTEM PLAN (OSP):

- Provide as much detail as possible when completing certification paperwork. Your thoughtful and complete answers will reduce further requests for information, and therefore expedite the certification process.
- This is a "Plan." You may change or update it throughout the year. Changes must be submitted to your certifier prior to implementation.
- Submit all required TABLES as specified throughout the document.
- Attach any support documents which will assist in verifying your compliance with the regulations.
- Contact Regulatory Service staff for assistance at 271-3685, or email to: Jennifer.gornnert@agr.nh.gov.

1.) Organic Livestock and organic products: Check all to which you want certified:

_____ Live Animals _____ Milk _____ Meat _____ Fiber _____ Other, type: _____

2.) Non-organic Livestock managed at the same location:

Breed of non-org livestock	# of Non- org livestock	Shelter-type & location on farm	Feed Brand	Feed storage location

3.) How is organic livestock identified?

- ❖ Ear tag _____ Describe: _____
- ❖ Branded _____ Type of brand: _____
- ❖ Other, describe _____

4.) How are non-organic livestock identified? _____

SECTION A. LIVESTOCK DESCRIPTION NOP Rule Sections 205.201, .236, .237, .238

- ❖ Provide the following information for the types of animals being raised for organic meat or dairy production for this year.
- ❖ Quantity refers to the number of animals currently raised.

A1. ORGANIC LIVESTOCK HISTORY: Applicants must complete **TABLE C- Organic Livestock History Table** (attached) for all livestock to be certified.

_____ Organic Livestock History Table COMPLETED

NOTE: Applicants may substitute their own cattle history form as long as it contains all the required information and it must be submitted with the OSP.

SECTION B: LIVESTOCK HOUSING (barns, sheds) NOP Rule Section 205.239

B1. Livestock Housing:

Livestock type	House ID/Name	Housing type with dimensions	# Animals in housing unit

B2. Housing Pest & Rodent Control:

____ N/A

Pest type	Location in housing	Product brand name	Frequency of control use

B3. Housing Sanitation and Cleaning Process:

Location-where products are used	Product Type (sanitizer/cleanser)	Name & brand of product	Type of livestock bedding	How is manure/bedding removed from housing & stored?	Frequency

3A. Livestock Stocking Density:

- ❖ All organic livestock operations must submit this data in the space indicated below*
- ❖ Enter the **amount of Animal (AU) Units per acre** or **per square foot** (for swine).
- ❖ AU factors per breed are listed on the *NHDAMF INSPECTION FEE SCHEDULE*.

EXAMPLE: A farmer has 50 Milking cows and 225 acres of cropland.
50 Dairy cows x 1.4 AU factor = 70 Animal Units
Divide 225 acres by 70 AU = 3.2 AU/acres is the Stocking Density

*Certified organic cropland acreage: _____ divided by AU _____ = Stocking Density: _____

3B. Field Locations, Aerial Maps, Grazing Methods:

- ❖ All pastures that organic livestock graze MUST be certified organic.
- ❖ The pasture ID & location must match those listed on **TABLE A-FIELD INFORMATION SHEET** in the **Organic System Plan for Certified Organic Field/Crop Production**.
- ❖ Submit AERIAL field maps for all certified organic hayfields and pastures.
- ❖ The MAPS must identify:

- ✓ Fencing
 - ✓ Watering stations
 - ✓ Grazing rotation patterns

_____ MAPS Submitted

_____ MAPS on File

3C. Identify Livestock by Age Group for each Pasture Location in the Table below:

Livestock type	Pasture ID/Location	Certifying Agency, if other than NHDAMF	Other Certifier's ID/Location

3D. Exception to Pasture Rule: Explain Temporary Confinement or Shelter for Livestock from the outdoors:

Livestock Type/age group	Location of shelter	Reason for confinement	Expected dates/length of confinement

SECTION 4: LIVESTOCK HEALTHCARE PROGRAM NOP RULE Section 205.238

- ❖ List all HEALTHCARE PRODUCTS in-stock on farm, even those not currently in use.
- ❖ List reason for use(s). These may include vaccinations, homeopathic remedies, medicines, boluses
- ❖ Healthcare Records must be maintained for all livestock, and will be reviewed during inspection.
- ❖ Additions to this list must be submitted to NHDAMF throughout the year.

Healthcare Products:

Healthcare Product Brand Name	Company Name	Source of product	Treatment Use

5A. Purchased Feed Information:

☐ TABLE D Completed

- ❖ Complete **TABLE D- Record of Feed and Feed Supplement Purchases** attached at end of OSP.
- ❖ List the quantity of each feed type purchased (concentrates, forage, grain, silage, pasture, hay and/or green chop) during the past 12-month period).
- ❖ Note: A copy of the **ORGANIC CERTIFICATE** and receipts of all purchased feedstuff must be available for review during the inspection.

5B. Dry Matter Intake (DMI) Feeding Requirements:

☐ DMI Worksheet Completed

- ❖ Complete the attached National Organic Program (NOP) **DMI Worksheet** for each age group of ruminant livestock. The calculations will be verified during the inspection visit.
- ❖ Reference sheets for calculations are attached. Additional DMI Reference information is available at www.ams.usda.gov/nop

SECTION 6: PROCESSING AND PACKING FACILITIES

NOP Rule 205.238, .270, .271, .272 & .303

6A. Organic Dairy Products: NOTE: Ingredients added to dairy products requires applicant to apply for "On-farm Processor" certification.

1.) How is fluid milk transported to milk room: _____

2.) Where is fluid milk stored: _____ Capacity of milk tank: _____

3.) Sanitation practices: describe cleaning process of all milk equipment: _____

4.) Milk pick-up, how often, and by what company (name & address): _____

6B. SANITATION & CLEANING PRODUCTS: Complete table, list all cleansers, sanitizers, teat dips, teat wipes, etc. used on-farm:

Product Brand Name	Company Name & Address	Source of Product	Purpose of use

6C. Organic Meat Products:

1.) Are organic meat products sold on-farm: ____ Yes ____ No

2.) If yes, list meat products sold: _____

3.) For processing of other Organic Livestock Products, specify product type & processing practices:

4.) Describe how organic and non-organic products are labeled: _____

5.) Will the USDA Organic Logo be used on packaging? ____ Yes ____ No ____ N/A

6.) Will the NHDAMF Organic Logo be used on packaging? ____ Yes ____ No ____ N/A

7.) Do you display a metal NHDAMF Organic Sign? ____ Yes ____ No ____ N/A

Submit completed form, supporting documents and fees to:

**DIVISION OF REGULATORY SERVICES
PO BOX 2042
CONCORD, NH. 03302-2042**

Please make checks out to: TREASURER, STATE OF NH

**Any questions please contact-
Phone: (603) 271-3685
Fax: (603) 271-1109
Email- Jennifer.gornnert@agr.nh.gov**

TABLE D- NHDAMF Record of Feed and Feed Supplement Purchases: List the quantity of each feed type purchased (concentrates, forages, grain, silage, pasture, hay and-or green chop, supplements, etc) during the past 12-month period.

[illegible]

This Sheet may be copied.

TABLE C- ORGANIC LIVESTOCK HISTORY TABLE**Farm Name & Town:** _____

Separate Tables MUST be completed for EACH TYPE OF LIVESTOCK BREED.

This form may be copied. All Updated Information MUST IMMEDIATELY be forwarded to NHDAMF.

___ Dairy ___ Beef ___ Swine ___ Rabbit

___ Goat ___ Sheep ___ Other

(**Date when table was completed)

**Date	Livestock Breed	Date of Birth or current age in months	Animal Name & ID #'s	Animal Source (born on farm= BOF; or sources' name & location)	Date added to herd/flock	Starting Date of Organic Feed	Date Animal Culled (C) or Sold (S)	Disposal method/ Slaughter Facility name

This Form may be copied.